



MARIJUANA EVENT ORGANIZER LICENSE APPLICATION

Marijuana Event Organizer License Application

- ☐ Page 1: Demographic page
- ☐ Page 2: Attestation A - Acknowledgment of Application

Supporting Documents

- ☐ DBA documentation (if applicable) (obtained at county-level)
- ☐ Certificate of Assumed Name/DBA documentation (if applicable) (obtained from LARA Corporations Division)

MARIJUANA EVENT ORGANIZER INFORMATION

Please provide the following information for the proposed temporary marijuana event license applicant.

Applicant Name (as appears on official business documents)	Assumed Name/DBA (Attach copy of filed assumed name certificate, if applicable)
Mailing Address	FEIN/SSN
City State Zip Code	Phone Email Address

PERSON COMPLETING APPLICATION

Please provide the following information for the individual who will act as the primary contact for this license application.

Name (First, Middle, Last)	Date of Birth (mm/dd/yyyy)
Mailing Address	Phone
City State Zip Code	Email Address

VALIDATION - FOR DEPARTMENT USE ONLY

MRA RECEIPT



Adult-Use Licensing
Marijuana Regulatory Agency
P.O. Box 30205 Lansing, MI 48909
Telephone: (517) 284-8599
MRA-AdultUseLicensing@Michigan.gov

ATTESTATION A
ACKNOWLEDGMENT OF APPLICATION

(To be completed and submitted by the applicant)

Do not sign until notary is present

On behalf of _____, I _____,
Name of Main Applicant Name & Title of Individual Authorized to Sign on Behalf of Main Applicant

acknowledge the following:

1. I am currently prequalified to receive a state license from the Marijuana Regulatory Agency.
2. I understand that a marijuana event organizer license is valid for a period of one year.
3. I understand that I must submit a temporary marijuana event license application to the Agency and that application must be approved before I can hold a temporary marijuana event.
4. I understand that I must submit a temporary marijuana event license application to the Agency at least 90 days before the first day of the proposed event.

Further, I affirm, under the penalties of perjury, that the information set forth in this application and all supporting documents is true, complete, and correct, and that no material information has been omitted.

Signature of Individual Authorized to Sign on Behalf of Main Applicant

Date

Subscribed and sworn to by _____ before me on _____.
(Authorized Individual Name) (Date)

(Notary Public Signature)

(Notary Public Printed Name)

State of _____, County of _____, Acting in the county of _____,
(county) (state)

My commission expires: _____.